



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Culture Overview Q1 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce & OD / Deputy CEO
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Christine Davies, Assistant Director of OD Corinna Lloyd-Jones, Head of Organisation Relations

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

This cultural overview paper comes in succession to the 2024/25 Cultural Progression Report presented to the People, Organisational Development and Culture Committee (PODCC) in May 2025 which was able to provide assurance about the milestones having been achieved in the previous 12 months.

This paper provides an overview to the cultural landscape of Hywel Dda University Health Board (HDdUHB) during the first quarter of 2025/26. The Committee is asked to consider the factors currently impacting on the cultural progression of the organisation. .

Cefndir / Background

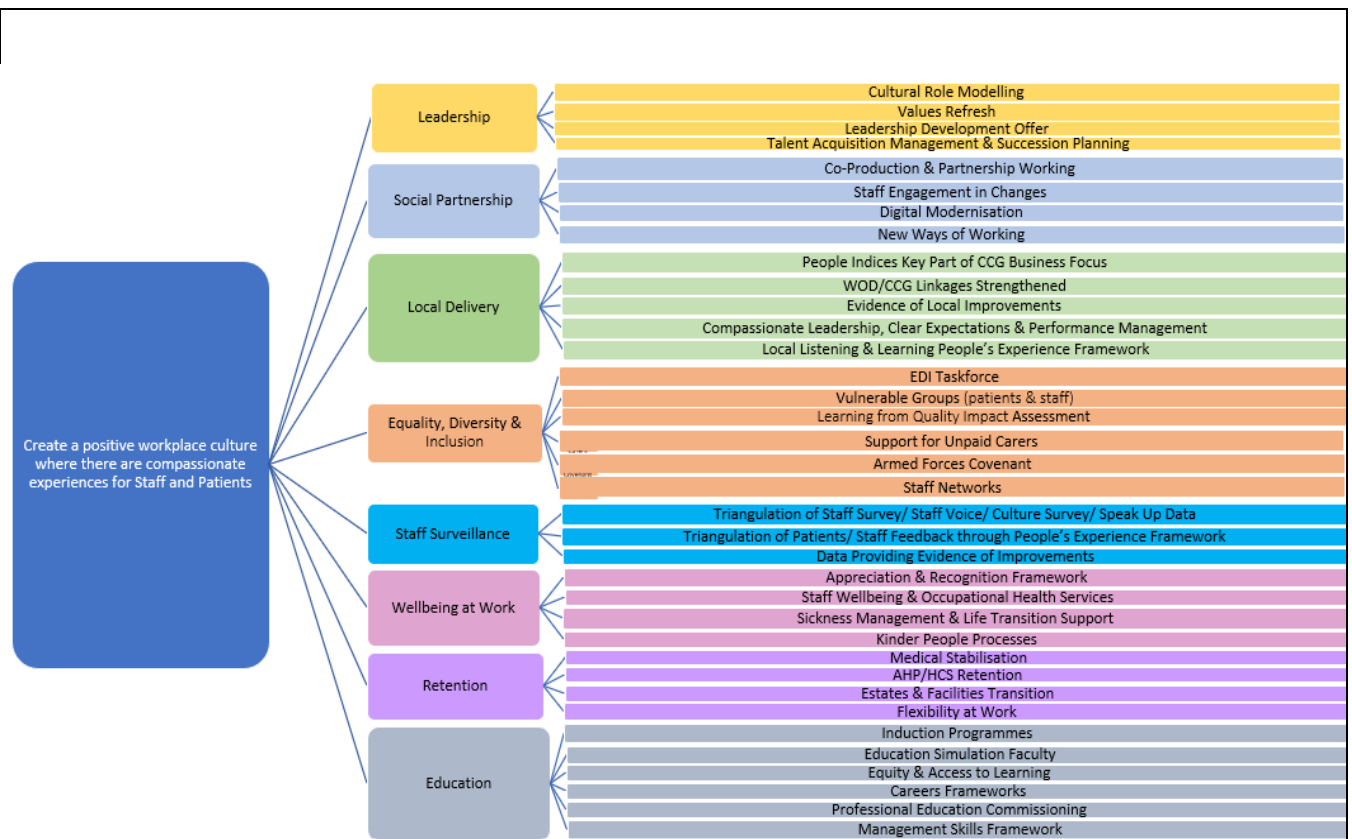
The first quarter of the year has seen the organisation experiencing a number of challenges which are complex in nature and serve to impede the rate at which cultural progression can be made.

When combined together, they can create confusion and chaos for leaders and staff, resulting in pockets of discontent and examples of disaffected behaviours. These need containment and significant management, and Workforce and Organisational Development (W&OD) attention in partnership with Trade Union colleagues.

Whilst on the whole overall staff engagement indices and retention rates remain stable and consistent with last year's progress, there are some great examples of teams and staff working well together.

Asesiad / Assessment

The [Cultural Progression Report](#) presented to PODCC in May 2025 shared a driver diagram showing the direction of travel in terms of cultural intent from April 2025 to March 2026.



Progression against the aspects in this diagram will be shared as appropriate with the Committee as the work is progressed in year, however some headlines to indicate early progression include:

- **LEAP Data**

Since its inception in March 2023, the leadership team has continued to deliver LEAP (leadership training) cohorts to leaders across the system in positions of Band 7-8c. To date a total of 164 delegates have attended.

- 7 cohorts have completed with 107 graduates
- 3 cohorts are in progress with 57 delegates

- **New Consultant Programme (NCP) Data**

Since its inception in March 2022, the leadership team has continued to deliver NCP cohorts to clinicians across the system which includes medical, dental and GP's. To date a total of 59 delegates have attended.

- 3 cohorts have completed with 47 graduates
- 1 cohort is in progress with 12 delegates

- **Talent Management Data**

*Aspiring Assistant Director Talent Pool* – 6 senior leaders were placed in the talent pool in December 2023 and results to date are:

- 2 have achieved a promotion
- 3 have achieved stretch opportunities
- 1 has worked on various new projects although currently continues within the same role

*Talent Acquisition* - since its inception in June 24, we have successfully recruited 30 senior leaders at band 8c and above. However, a total of 84 candidates have been through the talent acquisition process (54 unsuccessful candidates)

- **W&OD Link Roles**

Interim W&OD Link roles have been established to support Clinical Care Groups (CCGs) with more permanent role arrangements being progressed.

- **SOLT Organisational Development Programme**

A new OD programme is underway for the Senior Operations Leadership Team, including the CCG Triumvirate Leads. Elements include:

- Psychometric Profiling and feedback, personal development planning and coaching support.
- System Leadership Collective Programme
- Clinical Care Group Team Effectiveness Programme
- Vanguard CCG Systems Change Project
- Reverse Mentoring EDI Module
- 360° Feedback
- Personal Development Action Planning Phase 2

- **Culture Survey**

Between its introduction up to 30 June 2025, our Organisation Development Relationship Managers (ODRMs) have closed and reported on culture surveys for 60 teams across Hywel Dda as part of the exploration phase of their culture journey, with a total of 1367 staff participating. Additionally, during this time, over 700 staff have shared their HDdUHB employment experiences in culture conversations with our ODRMs. The rich feedback from this exploration phase informs the co-creation of strategically aligned people culture plans grounded in accurate organisational evidence and learning. To date, some 42 people culture plans are in place, with progress continuously supported and measured.

In terms of the correlation of Planned Care Programmes (PCPs) to conflict or other issues, we do not accurately know that yet, however we are now starting to re-survey teams and are confident some great case studies will form where survey scores improve, along with turnover, sickness data etc.

- **Staff Survey**

Staff Survey paginated results have been shared with leadership teams across the organisation with local action plans being developed. A significant first step in local ownership.

2024 Staff Survey results have been reviewed from an EDI lens; further refinement is required nationally for future years.

- **Appreciation & Recognition**

A revised Appreciation and Recognition Framework Workshop has been held to enable the co-production of a new, revitalised approach.

- **Sexual Safety**

Sexual safety in the workplace task and finish group work is progressing well and sub-groups are working on the three areas:

- 1) Measurement and Evaluation - how do we measure, benchmark and evaluate the current situation in HDdUHB?
- 2) Education and Engagement - how do we educate, communicate with and engage the workforce effectively?
- 3) Reporting and Response - how do we build a culture of safety that encourages reporting and ensures effective and compassionate case management, as well as organisational learning?

## **Current Cultural Context**

The first quarter of 2025/26 sees the organisation experiencing a range of pressing demands which are impacting on the ability of our leadership body as a whole to progress the cultural intent.

These include:

- Entry into year 2 of Targeted Intervention (TI) and the requirements to meet De-escalation. Whilst progress has been made in key domains, the level 4 categories are still placing significant pressures upon the leadership and clinical delivery arms of the organisation.
- The changing financial ask of the organisation is significant from year one of TI and year 2 of TI; similarly the increased quantum of that ask from the start of quarter one and the end of quarter one is causing significant service and leadership pressures and can generate feelings of inevitability; hopelessness and lack of commitment to patient quality and safety.
- The current transformational ask of the organisation, in the context of the above, is particularly challenging. There are large scale transformation asks at play in terms of Urgent and Emergency Care (UEC), planned care and a digital revolution, as well as the shift towards the social model for health.
- The need for HDdUHB to proactively evaluate their response to the Worker Protection (Amendment of Equality Act 2010) Act 2023, which came into force on 26 October 2024. This legislation represents a significant shift in the legal framework governing workplace conduct, introducing a new statutory duty on employers to take reasonable and proactive steps to prevent sexual harassment, moving beyond the previous reactive approach that relied on post-incident intervention.
- Ministerial expectations associated with Regional Partnership working are also creating demands for the leadership and management capacity across the organisation.
- The current process of key public consultations around Minor Injuries Unit (MIU) and the Clinical Services Plan (CSP) programme is also a major factor in terms of both clinical and leadership capacity.
- The added pressures of trying to contain and maintain service delivery models for fragile services during these consultation periods mean added pressure for local leaders, teams and staff on the ground.
- The large-scale Organisational Change Programme across the Operations function is also a factor in increasing organisational turbulence and anxiety. Although phase 1 is now complete, phase 2 is still in its implementation phase. Those appointed to roles and teams in phase 1 are still bedding in and these new teams will need to progress through their forming, storming and norming phases of evolution.
- Our Board, rightly have an ambition to do the best for our population and an appetite to do that at pace. Given all the challenges above, this can lead to significant pressures on our organisation as a whole system.

- Our staff survey feedback whilst showing progress in some areas from the survey in 2023 there remains much for us to do in the domains where the responses tell us that we have a staff engagement, compassionate culture, inclusion have all deteriorated.
- We also still have work to do in terms of unpicking the historical and sometimes present legacies around staff psychological safety.

This context represents a 'perfect storm'.

### **Manifestation of Cultural Pressures**

In our [Cultural Progression Report](#) to the PODCC in May 2025, we highlighted the significant pressures being experienced by our leaders and staff. Balancing financial constraints with the need to protect patient safety and deliver substantial efficiency savings, especially during a period of considerable change, has placed a heavy burden on our workforce and poses a real risk to morale. In terms of how this change is being experienced, our ODRMs are increasingly hearing personal accounts from staff regarding the negative emotional and professional impact. These concerns have also been echoed in recent meetings with our Trade Union colleagues, who have expressed growing unease in relation to staff wellbeing.

Over the past year, the pace and scale of transformation, from fundamental restructuring to more subtle shifts in service delivery, have tested our teams' resilience. The large-scale organisational changes within our Operations function have been especially demanding. Many leaders have experienced uncertainty in relation to job security, evolving roles and future career prospects. More recently, the consultation phase of the Clinical Services Programme has added to this turbulence.

In line with the current climate of uncertainty and pressure, over recent months our OD team has observed a noticeable increase in conflict within teams, rather than solely between individuals, which is requiring additional conflict resolution support. Respectful and constructive interactions between staff are essential to fostering healthy and positive work environments, however we are seeing a rise in incivility and a growing reluctance to engage in open, patient dialogue to resolve differences. In response, we continue to prioritise restorative approaches that promote understanding, constructive dialogue and, where possible, forgiveness, over harmful confrontation and recourse to formal processes. While this approach aligns with our values and cultural progression work, it currently demands significant OD time and resources to implement effectively. As a longer-term solution, we are also developing tools and resources to increase manager capability in conflict resolution at source.

In addition, questions are being more frequently posed by our clinicians – 'Is this a Clinically or Financially led organisation?'

The perceptions of the dissonance between messaging about values and behaviours and the continually increasing demands placed on leaders given the context above is further eroding self-belief and the personal resilience needed to navigate and lead through such complexities.

Amongst our staff, experiences are still heard of a lack of psychological safety with a reluctance to speak up, and even when that courage is there, some scepticism about the organisation's true commitment:

- Do we listen to hear?
- Do we listen to learn?
- Do we listen with the courage to act for resolution?

## Enabling Cultural Progression for Quarter 2 & 3

Committee members are invited to consider the context above and the implications for cultural progression when faced with the scale of change that is required.

Some considerations which might be helpful in this debate include:

- The option to develop and stick to a consistent organisational narrative which is realistic and grounded and behind which our leadership, clinical and staff bodies can rally behind.
- Recognition of the need for the organisation to enter a 'soothing' phase to enable restoration and recovery, so that the cultural progression can continue in good faith. An organisational acknowledgment of the current challenges.
- Recognition of the staff side role and partnership working as part of the 'soothing' process alongside leadership presence.
- Realisation of the need to continue the presence of the ODRM and wider Workforce teams to offer local and specific support, containment and trust building towards reconciliation and progression.

To share an example, the ODRMs recently facilitated six separate conversations between individuals in one team, which took considerable time to organise and deliver, however each of them reached a positive outcome, with staff feedback including:

*Thank you- you've saved me from walking away from something I love doing. Without your teams input I don't think we would have a team. I deal with the worst type of conversations with my patients daily, but the relationship breakdown and incivility was becoming unbearable and causing sleepless nights, not my patients but my work colleagues. Things are so much better now and I am back to myself and we feel like a team again.*

- Senior leaders at Board level being determined to find the examples of wonderful people doing amazing things, of which there are so many. To spotlight and share them to help build a new organisational narrative.
- CCG's being encouraged to nurture and share examples of green shoots of transformation.

These are challenging times for the organisation as a whole and they require a whole system approach in order for us to realise our collective ambition for '*creating a positive workplace culture where there are compassionate experiences for staff and patients*'.

## Argymhelliad / Recommendation

The Committee is asked to:

- **DISCUSSED** the content of the paper outlining the cultural overview of the landscape of the organisation during Quarter one, 2025/26.
- **TAKE ASSURANCE** that there are mechanisms in place to secure organisational feedback about factors affecting the cultural progression of the organisation and that these challenges will need to be further managed throughout 2025/56.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide an overview to PODCC on the cultural landscape of Hywel Dda during the first quarter of 2025/26. 2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Reference 1186/score 15. Reference 1821/score 12.
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	N/A

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	None arising from this paper.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	None arising from this paper.
<b>Gweithlu:</b> <b>Workforce:</b>	None arising from this paper.
<b>Risg:</b> <b>Risk:</b>	None arising from this paper.
<b>Cyfreithiol:</b> <b>Legal:</b>	None arising from this paper.
<b>Enw Da:</b> <b>Reputational:</b>	None arising from this paper.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	None arising from this paper.
<b>Cydraddoldeb:</b> <b>Equality:</b>	None arising from this paper.